

FORM	(Rev. 07/03)
	DR-3
	NOTICE OF
	DISSOLUTION
For Offic	e Use Only
Comm. #	
Indexed	
Audited	
Compute	
0	Date of Dissolution

Notice of Dissolution

Committee For Healthy (Choices		
Official Name of Committee			
3 Crestwood Circle			
The state of the s		Street	
Iowa City, IA 52245			
City, State, Zip Code			
	(319)	354-7107	
	Area Code	Telephone	

Mail to: 1ECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

- 1. All debts, loans and obligations have been paid or transferred;
- 2. All campaign funds have been spent;
- 3. All campaign property sold or transferred (candidates only); and
- 4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

12/7/07

Date Signed

FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.